

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058588

FILED
Apr 25, 2005
Secretary of State

Entity Name: PRIME TIME ADVERTISING, CORP.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD STE 111
CORAL GABLES, FL 33124

New Principal Place of Business:

2100 PONCE DE LEON BLVD STE 111
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD STE 111
CORAL GABLES, FL 33124

New Mailing Address:

2100 PONCE DE LEON BLVD STE 111
CORAL GABLES, FL 33134

FEI Number: 43-4251612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOURA, IVONEA
2100 PONCE DE LEON BLVD STE 111
CORAL GABLES, FL 33124 US

Name and Address of New Registered Agent:

MOURA, IVONEA
2100 PONCE DE LEON BLVD STE 111
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOURA, IVONEA
Address: 2100 PONCE DE LEON BLVD STE 111
City-St-Zip: CORAL GABLES, FL 33124

Title: D () Delete
Name: MOURA, DELMO DE
Address: 2100 PONCE DE LEON BLVD STE 111
City-St-Zip: CORAL GABLES, FL 33124

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MOURA, IVONEA
Address: 2100 PONCE DE LEON BLVD STE 111
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: MOURA, DELMO DE
Address: 2100 PONCE DE LEON BLVD STE 111
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Change (X) Addition
Name: MOURA, BIANCA
Address: 2451 BRICKELL AVE #1A
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIANCA MOURA

DS

04/25/2005

Electronic Signature of Signing Officer or Director

Date